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LETTERS

TRANSITION TO ADULT SERVICES

Adding to the transitional care evidence base for future national guidance

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We wish to highlight a Cochrane review,¹ published since the 2016 NICE guidance for transitional care,² that concluded that evidence is limited on how transitional care should be delivered.¹

Challenges to research are centred on evaluating a complex intervention that crosses medical, social, and educational disciplines, as well as paediatric and adult services. Furthermore, prospective research that extends from early adolescence (as current guidance advocates) through to the post-transfer period in adult care is challenging in today's financial climate. We await with interest the three year follow-up data from a current prospective study funded by the National Institute for Health Research.³

The NICE guidance refers to the importance of “developmentally appropriate” care,² and yet definitions of such care for young people are lacking in the literature.⁴ In an editorial discussing why transitional care is so challenging to implement, Scal proposed reframing transition within the context of adolescent healthcare and said that transition should be considered “a developmental milestone rather than a healthcare crisis.”⁵

An ethnographic study in three UK hospitals reported wide variation in the operational definitions of “developmentally appropriate” healthcare as perceived by a range of clinicians and managers.⁶ Progress in transitional care research, as well

as in service delivery, is likely to be enhanced by adopting and attending to a greater developmental focus (a “life course approach”) rather than the institutional focus (ie, change in service provision) that currently prevails.

Competing interests: None declared.

Full response at: www.bmj.com/content/353/bmj.i2225/rr-1.

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